

**UNITED STATES DISTRICT COURT**  
 for the  
**Northern District of California**

<u>ARCADIO S. ACUNA</u> Plaintiff v. <u>LEA ANN CHRONES</u> Defendant	) ) ) ) ) Civil Action No. CV 07-05423 VRW
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**Summons in a Civil Action**

To: N. Grannis  
*(Defendant's name)*

A lawsuit has been filed against you.

Within 10 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Arcadio S. Acuna ID# C-43165  
 Pelican Bay State Prison C-10-119, P.O. Box 7500, Crescent City, CA 95532

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: April 7, 2008

Richard W. Wierking  
 Name of clerk of court

**SIMONE VOLTZ**

Deputy clerk's signature

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**N. Grannis - CDCR - Chief, Inmate Appeals Branch**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**9838 Old Placeville Rd. , Sacramento, CA 95827**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O. Box 7500 Crescent City, CA 95532	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold \_\_\_\_\_ Fold \_\_\_\_\_

Signature of Attorney other Originator requesting service on behalf of: <b>SIMONE VOLTZ</b>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		4/7/08

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address ( <i>complete only different than shown above</i> )	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

PRINT 3 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**OFFICE OF LEGAL AFFAIRS**  
**LEGAL ACCESS TEAM**

1515 S Street, 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



April 10, 2008

Office of the Clerk, U. S. District Court  
Northern District of California  
450 Golden Gate Avenue  
San Francisco, CA 94102

To Whom It May Concern:

The enclosed documents are being returned to you by the Office of Legal Affairs (OLA), as the OLA is not authorized to accept service of process for the named individual, Nola Grannis. However, the correct address for proper service of the enclosed documents is as follows:

California Department of Corrections and Rehabilitation  
**Inmate Appeals Branch**  
Attention: Lori Zamora  
Litigation Coordinator  
P. O. Box 942883  
Sacramento, CA 94283-0001

If you have any questions, please contact me at (916) 341-6962.

Sincerely,

*Aurelia Lucero*  
Aurelia Lucero  
Associate Governmental Program Analyst  
Office of Legal Affairs

Enclosures